United States Patent and Trademark Office
           - Sales Receipt -

12/22/2005 DWILLIA4 00000001 500206   10649952

01 FC:1202   800.00 DA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number   : 10/649,952   Confirmation No.:   7207

Applicant   : Kenju MIURA *et al.*

Filed   : August 28, 2003

Title   : METHODS OF PROMOTING THE GROWTH OR DIFFERENTIATION OF HEMATOPOIETIC STEM OR PROGENITOR CELLS BY NON-MUSCLE TYPE COFILIN

TC/Art Unit   : 1647

Examiner: : Bridget E. BUNNER

Docket No.   : 58777.000013

Customer No.   : **21967**

PETITION FOR EXTENSION OF TIME, AMENDMENT AND RESPONSE TO OFFICE ACTION OF JUNE 7, 2005

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir,

Applicants respectfully petition for a three-month extension of time under 37 C.F.R. § 1.136(a) for responding to the Office Action mailed on June 7, 2005 (hereinafter the "Office Action"), in the above-captioned application. Accordingly, it is respectfully requested that the time for response be extended up to and including December 7, 2005. A check in the amount of $1200.00 is submitted herewith to cover the three-month extension of time fee as set forth in 37 C.F.R. §1.17(a) and for the fee set forth in 37 C.F.R. §1.17(p) for the submission of an information disclosure statement. No additional fees are believed due with this response. However, in the event of any variance between the amount enclosed and the fees determined by the U.S. Patent and Trademark Office, please charge or credit any such variance to the undersigned's Deposit Account No. 50-0206.
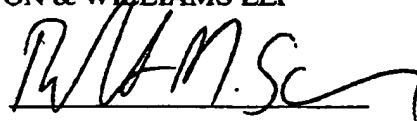
Conclusion

An indication of allowance of all claims is respectfully solicited. Early notification of a favorable consideration is respectfully requested. In the event any issues remain, Applicants would appreciate the courtesy of a telephone call to their undersigned representatives to resolve such issues and place all claims in condition for allowance.

Respectfully submitted,

HUNTON & WILLIAMS LLP

Dated: **December 7, 2005**

By:

Robert M. Schulman
Registration No. 31,196

Alexander H. Spiegler
Registration No. 56,625

HUNTON & WILLIAMS LLP
1900 K Street, N.W.
Suite 1200
Washington, D.C. 20006-1109
Telephone: (202) 955-1500
Facsimile: (202) 778-2201
RMS/JLP/AHS:sac

19

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20=	* -
INDEPENDENT CLAIMS	5 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	168
+140=		OR	+280=	
TOTAL		OR	TOTAL	918

CLAIMS AS AMENDED - PART II

OTHER THAN
SMALL ENTITY OR **SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 20	Minus	** 04	=
Independent	* 5	Minus	*** 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

16 17 19 20
12-07-05

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 36	Minus	** 20	= 16
Independent	* 5	Minus	*** 5	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	8 00
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	8 00

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.